

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587891

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4		1		1		
5	2			1		
6	0			1		
7	0			1		
8	0			1		
9	0			1		
10	0			1		
11	0			1		
12	0			1		
13	0			1		
14	0			1		
15	0			1		
16	0			1		
17	0			1		
18	1		1			
19		1		1		
20	1			1		
21	1			1		
22	2			1		
23	0			1		
24	0			1		
25	0			1		
26	0			1		
27	0			1		
28	0			1		
29	0			1		
30	0			1		
31	1		1			
32	1			1		
33	1			1		
34	1			1		
35	2			1		
36	0			1		
37	0			1		
38	0			1		
39	0			1		
40	0			1		
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			37			
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						